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Psychology Postdoctoral Fellowship

2016-2017 Brochure

Durham VA Medical Center

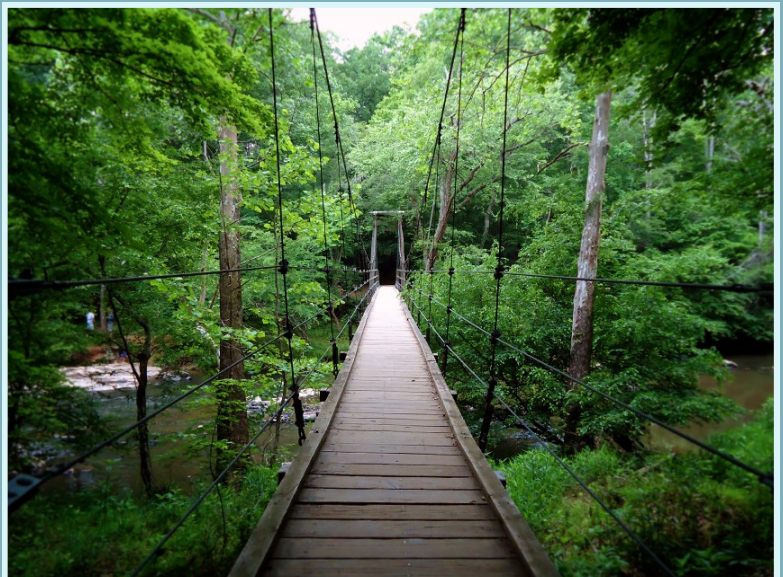


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Mission

The mission of the Durham VA Medical Center Psychology Fellowship is to develop psychologists into outstanding scientist-practitioners and leaders in mental health care, research, and education. The primary goal of the program is to train fellows for advanced-level practice and leadership roles in professional psychology through comprehensive, interdisciplinary, specialist clinical and research training. It is expected that fellows will become licensed and will be well-prepared to assume roles as mental health leaders in academic psychology and the VA healthcare system.

Training Model & Philosophy of Supervision

Our program follows the scientist-practitioner philosophy of education and training. We strongly encourage and support the use of scientific literature to inform clinical practice and emphasize empirically-based psychotherapies (EBPs) in our training. Further, we take a developmental approach to training. Competencies in professional practice are developed through graduated experiential learning, supervision, didactic training, and mentorship. Importantly, delivery of patient care is balanced with the post-doctoral educational mission, and fellows play an important role in selecting their own training opportunities and developing training plans to meet their specific needs.

Program Goals & Objectives

The program is broad and offers a variety of research, educational, and clinical experiences with the flexibility to ensure that the interests and training needs of fellows are met. Training has sufficient breadth to ensure advanced competence in professional psychology and sufficient depth to ensure that fellows will graduate with professional and technical expertise in their chosen specialty research and practice area. The program requires all fellows to demonstrate an advanced level of professional competency, skill, and proficiency in the following content areas:

Goal 1: To develop advanced-level competency in Assessment, Diagnosis, and Intervention: Fellows will develop advanced competencies in the use of empirically derived treatments and empirically supported means of psycho-diagnostic evaluation of patients.

Goal 2: To develop advanced-level competency in Consultation, Supervision, and Teaching: Fellows will gain advanced skills in delivering consultation to inter-professional teams, develop advanced skills in the supervision of psychology trainees including interns and practicum students, and gain experience providing psycho-education to patients, family members and providers.

Goal 3: To develop advanced-level competency in Scholarly Inquiry: Fellows will acquire competencies in several aspects of clinical research and scholarship including:

Integration of Science and Practice: Fellows will learn to utilize the scientific literature to guide their clinical practice. Fellows will learn to use their emerging competencies in clinical science to identify solutions to clinical problems they encounter in practice and will systematically evaluate the effectiveness of their clinical work (e.g., monitoring patient outcomes).

Conducting Clinically Informed Research: Fellows will gain advanced skills in conducting clinically focused research pertinent to the mental health needs of today's veterans.

Goal 4: To develop advanced-level competency in Organization, Management, Administration, and Program Evaluation: Fellows will gain experience pertinent to organizational management and administration relevant to the career development of clinical scientists. Fellows may choose additional training experiences that facilitate the development of advanced competencies in program evaluation.

Goal 5: To develop advanced-level competency in Professional, Ethical, and Legal Issues: Fellows will develop a strong professional identity, confidence, and professional demeanor. Fellows will further their competencies in professional and collegial conduct, as well as knowledge of the ethical guidelines of clinical psychology. They will also become appropriately familiar with the wide array of ethical and legal issues pertinent to the proper conduct of clinical psychology and human subjects related research.

Goal 6: To develop advanced-level competency in Cultural and Individual Diversity Issues: Fellows will further develop their awareness and appreciation of cultural and individual differences and will attain cultural competence regarding the delivery of mental health services to a diverse array of veterans.

Facility and Training Resources

Durham VA Medical Center resources are numerous. The medical center library is well-stocked and equipped with all major computer literature search services and free photocopying. Additionally, fellows will have access to a program called "Athens," which will allow literature searches on one's own computer as well. Books and professional articles not housed in the Medical Center can be obtained easily via an interlibrary loan system. Each fellow has an individual (or shared) office equipped with an assigned computer, and has access to the networked hospital computer system, which in turn provides access to each patient's electronic medical record. Additional offices are available to psychology fellows for provision of direct services, as needed to supplement the assigned office availability.

In the course of a year, the Durham VAMC currently provides training opportunities to approximately 1,900 residents and other trainees (i.e., Physician, Dental, Nursing and Associated Health, such as psychology interns and postdoctoral fellows). The primary academic affiliation with Duke University is only one of numerous affiliation agreements for training of professionals.

Diversity

The Durham VAMC Postdoctoral Fellowship Program operates according to the nondiscrimination policies set forth by the federal government for the Durham VAMC. Our facility is an Equal Opportunity Employer and ensures that it will not discriminate on the basis of age, race, color, creed, sex, physical or mental handicap, national origin, or sexual orientation. Discrimination and sexual harassment are not tolerated. As a federal agency, this Medical Center complies with Title VI of the Civil Rights Acts of 1964, Title IX of the Education Amendments of 1972, and Section 504 of the Rehabilitation ACT of 1973, and Title III of the Older American Amendment of 1975, and all related regulations.

Accreditation Status

The postdoctoral fellowship at the Durham VA Medical Center is accredited by the Commission on Accreditation of the American Psychological Association (APA) and the next site visit will occur in 2020. The postdoctoral fellowship is a member program of the Association of Psychology Postdoctoral and Internship Centers (APPIC).

APA Accreditation

Any questions regarding the accreditation status of the Durham VAMC Psychology Internship program, or the Durham VAMC Postdoctoral Fellowship program may be addressed to the Commission on Accreditation (CoA):

Office of Program Consultation and Accreditation
Education Directorate
American Psychological Association
750 First Street NE
Washington, D.C. 20002-4242
202-336-5979
www.apa.org/ed/accreditation

Program Structure

There are a total of six to seven fellowship positions across three tracks or emphasis areas: **Trauma Recovery; Primary Care Mental Health Integration/Behavioral Medicine;** and **Psychosocial Rehabilitation (PSR)**. Across all tracks the fellowship emphasizes clinical training and education (80%) and includes a significant research training component (20%).

Positions Available:

- **Trauma Recovery Track** – 3 total positions
 - PTSD Clinic: 2 positions
 - Women's Health Clinic: 1 position
- **Primary Care Mental Health Integration (PC-MHI) Track:** 2 positions
- **Psychosocial Rehabilitation (PSR) Track:** 1-2 positions

Core Training Experiences across Tracks:

The fellowship program is organized to ensure that all education and training activities are programmatic in their methods and content and are graduated in complexity. All fellows will participate in a core set of training activities to ensure they meet competency criteria.

1. ***Evidence-based mental health practice.*** Fellows spend up to 80% of their time in clinical training in their specialty area, which will serve to enhance their clinical skills, inform their research activities, and facilitate the translation of research to practice. Fellows will demonstrate knowledge and an advanced level of skill in evidence-based practice. This includes demonstration of advanced skill in the ability to conduct reliable and valid clinical assessments, utilize healthcare informatics, develop individually tailored treatment plans, demonstrate effective working relationships with veteran patients, implement effective interventions, and understand the influence of cultural and individual diversity in mental health treatment.
2. ***Research and research methodology.*** Fellows spend 20% of their time on research, provision of psychological services in a research context, and related educational activities. The fellowship offers a variety of research experiences through the VISN-6 MIRECC, the Center for Health Services Research in Primary Care, and medical center staff involved in various research activities.
3. ***Strategies of scholarly inquiry.*** Strategies of scholarly inquiry and attitudes of life-long learning, professional responsibility, and responsiveness to changes in the field are modeled and taught. Fellows are expected to demonstrate the ability to evaluate research literature for scientific rigor, meaningfulness and relevance; the ability to apply theoretical and empirical literature to professional practice; and the ability to understand the factors that contribute to effective research, clinical practice, and supervision.

Overall Program Structure

4. ***Teaching, consultation and supervision.*** An important aspect of the program is to prepare fellows to become effective leaders, mentors, and supervisors in their chosen specialty area of mental health research and practice. Fellows receive supervised experiential learning and didactic training in consultation, teaching, and supervision. It is expected that fellows will demonstrate advanced-level competence in the ability to effectively communicate with patients, families, and professionals including inter-professional teams, demonstrate effective implementation of theories and methods of teaching and supervision, and demonstrate the ability to effectively communicate to groups of professionals about their research.
5. ***Organization, management, and administration issues pertinent to research, training, and service delivery.*** Fellows are expected to demonstrate advanced-practice skills in the organization, management and administration of their own research, provision of clinical services, and training of interns and other trainees. Fellows must be prepared to organize, manage, and administer their own clinical and/or research program upon completion of the fellowship.
6. ***Professional conduct, ethics and law, and other standards for research and provision of services.*** Fellows receive supervision and didactic training in professional conduct and ethics and law pertaining to research and clinical practice. Fellows will demonstrate advanced-level understanding of the legal and ethical issues involved in human subject research, and the legal and ethical issues involved in the provision of mental health services.
7. ***Issues of cultural and individual diversity.*** Training on issues of cultural and individual diversity that are relevant to each of the above training areas is implemented through required attendance of seminars, modeling, and supervision.

Graduates' Initial Positions Post-Fellowship

Trauma Recovery – PTSD Clinic

2009: Staff Psychologist, Durham VAMC
2009: Staff Psychologist, Durham VAMC
2010: Staff Psychologist, Durham VAMC
2010: Staff Psychologist, Durham VAMC
2011: Research Assistant Professor, Ryerson University
2011: Professor, University of Iowa Hospitals
2012: Staff Psychologist, Syracuse VAMC
2012: Staff Psychologist, Duke University Medical Center
2013: Staff Psychologist, Durham VAMC
2014: Staff Psychologist, Durham VAMC: Greenville Healthcare Center
2014: Staff Psychologist, Durham VAMC
2015: Staff Psychologist, Durham VAMC
2015: Staff Psychologist, VA Puget Sound Healthcare System; Community-Based Outpatient Clinic

Trauma Recovery – Women's Health Clinic

2011: Staff Psychologist, Durham VAMC: Morehead City Community Based Outpatient Clinic
2012: Staff Psychologist, Durham VAMC
2013: Staff Psychologist, Baltimore VAMC
2014: Staff Psychologist, Durham VAMC
2015: Staff Psychologist, Durham VAMC

Psychosocial Rehabilitation Track

2008: Staff Psychologist, Durham VAMC
2008: Staff Psychologist, Durham VAMC
2009: Local Recovery Coordinator, Bay Pines VAMC
2009: Staff Psychologist, Durham VAMC
2010: Staff Psychologist, Durham VAMC
2010: Private Practice
2011: Staff Psychologist, State Hospital
2012: Assistant Professor, Family Medicine, UNC Chapel Hill
2012: Staff Psychologist, Durham VAMC: Greenville Community Based Outpatient Center
2013: Unit Psychologist, Northern Virginia Mental Health Institute
2013: Staff Psychologist, Durham VAMC
2014: Staff Psychologist, Durham VAMC: Greenville Healthcare Center
2015: Staff Psychologist, VA Maryland Healthcare System

Trauma Recovery - PTSD Clinic

PTSD Clinic Coordinator:

Carolina Clancy, PhD, ABPP

Staff Psychologist

Posttraumatic Stress Disorder Clinical Team

Telephone: 919.286.0411 x7061

Email: carolina.clancy@va.gov

Locations:

Posttraumatic Stress Disorders Clinic—Durham VA Medical Center, Hillandale II Clinic

Operation Enduring Freedom/Operation Iraqi Freedom Clinic—Durham VA Medical Center, main Building

Overview: Clinical postdoctoral training in Trauma Recovery-PTSD Clinic emphasis occurs primarily within the Posttraumatic Stress Disorders (PTSD) Program. The PTSD Program is a special outpatient unit comprised of a multi-disciplinary team including Psychology, Psychiatry, Social Work, and Nursing. Fellows spend three days per week providing treatment to veterans with PTSD. This includes both male and female veterans of all eras, with an emphasis on military-related PTSD. Fellows will have the opportunity to gain specialized training in a wide range of empirically-supported treatments such as individual and group Cognitive Processing Therapy (CPT and CPT-C) and Prolonged Exposure (PE). Additionally, fellows may co-facilitate a variety of groups such as Emotion Coping (which includes some DBT skills), Introduction to Trauma Recovery, Cognitive Behavior Therapy for Insomnia, Cognitive Behavioral Conjoint Couples Therapy for PTSD, CBT for chronic Pain and PTSD, and Seeking Safety. Fellows will also complete diagnostic evaluations which include the use of the Clinician Administered PTSD-Scale (CAPS) and objective assessment strategies such as the Personality Assessment Inventory (PAI). Fellows will have the opportunity to supervise Psychology Interns and possibly also practicum students (depending on timing of students' rotations) and co-facilitate interdisciplinary team meetings.

The Trauma Recovery-PTSD Fellows will also spend one day per week in the Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Program. The OEF/OIF Program includes a multidisciplinary team (Psychology, Psychiatry, Social Work Case managers, Nursing Case Managers, Speech-Pathology, Neurology) devoted to comprehensive care of veterans returning from ongoing conflicts in Iraq and Afghanistan with physical, cognitive, and/or mental-health related concerns. Fellows will provide empirically-supported treatments for common post-deployment concerns such as PTSD, depression, and anxiety disorders. OEF/OIF veterans typically exhibit complex presentations including multiple diagnoses (e.g., PTSD with comorbid depression and SUD), and treatment often includes accommodation for medical comorbidities and cognitive sequelae associated with mild Traumatic Brain Injury (TBI). Examples of empirically-supported treatments offered include Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Acceptance and Commitment Therapy (ACT), and Cognitive-Behavioral Treatments for various anxiety and depressive disorders. Further, full-model Dialectical Behavioral Therapy is offered within the clinic. Should Fellows elect to engage in

Trauma Recovery - PTSD Clinic

training in this treatment model, they will be fully-integrated into the DBT team, engaging in DBT consultation, providing individual DBT therapy, and co-facilitating DBT Skills groups.

The Trauma Recovery-PTSD Clinic emphasis Fellows will spend one day per week engaged in research. This may include program evaluation projects within the DBT program, PTSD Clinic, or OEF/OIF Clinic. Alternatively, Fellows may seek out research affiliations within VISN-6 MIRECC, which focuses on post-deployment mental health.

Number of Fellows: Two full-time Fellows are admitted each year

Length of Fellowship: One year

Teaching Methods: The Trauma-Recovery-PTSD Clinic emphasis Fellows will be assigned a primary supervisor in the PTSD Clinic (Dr. Carolina Clancy, Dr. Kate Berlin, or Dr. Rachel Ruffin) for the first six months of the training year and depending on training goals, may switch to a second supervisor during the second six months. Likewise, Fellows will be assigned a supervisor in the OEF/OIF Clinic (Dr. Sara Boeding, Dr. Jay Gregg, or Dr. Lotus Meshreki) for the first six months of the training year and depending on training goals may switch to a second. PTSD Clinic and OEF/OIF Clinic supervisors will collaborate with each other and with the Fellows to develop an individualized training plan. Supervision will include discussion of clinical cases, multi-disciplinary consultation, vertical supervision of Fellows' supervision of interns, and other professional development topics. Additionally, Fellows will participate in interdisciplinary team meetings in both clinics. Consultation within and across disciplines is expected and encouraged both formally via team meetings and informally. At the beginning of the training year, Fellows will learn about the various ongoing research activities at the Durham VAMC.

Didactics: Fellows are provided with comprehensive trainings on both Cognitive Processing Therapy and Prolonged Exposure, as needed, at the beginning of the training year. The Durham VA Psychology Postdoctoral Program benefits from the presence of both CPT and PE consultants on staff. If indicated by a Fellow's training plan, thorough case supervision on CPT and PE may be arranged. Many of our past Fellows have met criteria for Provider Status in CPT and/or have successfully applied for equivalency in PE at the close of their training year. Additional upfront trainings may be available for Dialectical Behavior Therapy, CAPS assessment, etc. as needed.

Throughout the training year, all Trauma Recovery Fellows participate in three mandatory monthly didactics and will have access to additional, optional monthly didactics to participate in as their schedule allows.

- Trauma Recovery Journal Club – Required, Monthly, facilitated by Trauma Recovery supervisors
- Trauma Recovery Research – Required, Monthly, facilitated by Dr. Eric Dedert
- Trauma Providers Meeting – Required, Monthly, facilitated by Dr. Carolina Clancy

Trauma Recovery - Women's Health

Women's Health Clinic Coordinator:

Kelly Caron, Ph.D.

Staff Psychologist

Women's Health Clinic

Director, Male Military Sexual Trauma Program

Director, Women's Dialectical Behavior Therapy Program

Telephone: 919.286.0411 x4131

Email: kelly.caron@va.gov

Locations:

Women's Health Clinic – Durham VA Medical Center, Main Building

Mental Health Clinic – Durham VA Medical Center, Main Building

Overview: Clinical postdoctoral training in *Trauma Recovery – Women's Health Emphasis* occurs primarily within the Women Veterans Comprehensive Health Center (Women's Health Clinic, for short). Fellows spend three days per week providing mental health services to women veterans. The Fellow will refine their understanding of the impact of military sexual trauma (MST) and other traumatic life experiences, including childhood sexual abuse, domestic violence and combat on women veteran's psychosocial functioning. The Fellow will assess and treat a variety of complex and co-morbid psychiatric disorders including PTSD, anxiety disorders, depression, substance use and eating disorders, and Borderline Personality Disorder. The Fellow will have the opportunity to refine their skills in several treatment modalities for these psychiatric disorders, such as Cognitive Processing Therapy, Prolonged Exposure, and the Cloitre model of treatment for complex PTSD (STAIR/NT). The Women's Health Clinic also houses a full-model Dialectical Behavior Therapy (DBT) program, within which the Fellow takes a primary role as individual therapist, group co-leader, and peer consultation team member. In addition to conducting intake evaluations and providing group and individual therapy to women veterans, the Fellow will play an active role on the Women's Health – Mental Health multidisciplinary team and will consult and collaborate with other medical providers in the Women's Health Clinic. Finally, Fellows will train in the provision of supervision to psychology interns on rotation in the Women's Health Clinic.

The Trauma Recovery-Women's Health Fellow will spend one day per week in the Male Military Sexual Trauma (MMST) Program, housed in the Mental Health Clinic. The MMST Program offers evaluation and treatment of trauma-related sequelae from military sexual trauma in male veterans. The Fellow evaluates new referrals to the program, conducts individual and group psychotherapy, and participates in monthly MMST team meetings.

The Women's Health Fellow will spend one day per week engaged in trauma-related research. Opportunities exist within the Women's Health Clinic (e.g., program evaluation of DBT Program) and via collaboration with MIRECC research teams.

Trauma Recovery - Women's Health

If relevant for particular Women's Health fellows, additional training experiences in teaching are available. Past fellows have presented in-service trainings to nursing and psychiatry staff as well as psychology interns on various topics, including: Assessment of Borderline Personality Disorder, Feminist Therapy, Case Conceptualization using Acceptance and Commitment Therapy, Military Sexual Trauma, and Male MST.

Number of Fellows: One full-time Fellow is admitted each year.

Length of Training: One year.

Teaching Methods: The Women's Health Fellow will be assigned a primary supervisor to oversee Women's Health Clinic and MMST Program activities and will be responsible for the overall coordination of the Fellow's training experience. The Fellow will have a secondary supervisor for all or part of the training year, to provide training in additional areas relevant to the Fellow's training goals. Both supervisors will collaborate in developing the training experiences to meet the specific needs of the Fellows, and will provide clinical supervision. In addition to supervision of clinical cases, supervision will address methods of effective consultation within a medical center and with reference to the Fellow's particular multidisciplinary teams as well as vertical supervision for their supervision of psychology interns. Clinical consultation with other faculty is also readily available, both formally through regular clinical team meetings and informally. At the beginning of the training year, Fellows will learn about the various ongoing research activities in the MIRECC.

Didactics: Trauma Recovery fellows are provided with comprehensive trainings on both Cognitive Processing Therapy and Prolonged Exposure, as needed, at the beginning of the training year. The Durham VA Psychology Postdoctoral Program benefits from the presence of both CPT and PE consultants on staff. If indicated by a Fellow's training plan, thorough case supervision on CPT and PE may be arranged. Many of our past Fellows have met criteria for Provider Status in CPT and/or have successfully applied for equivalency in PE at the close of their training year. Additional up-front trainings may be available for Dialectical Behavior Therapy, CAPS assessment, etc. as needed.

Throughout the training year, all Trauma Recovery Fellows participate in three mandatory monthly didactics and have additional, optional monthly didactics to participate in as their schedule allows.

- Trauma Recovery Journal Club – Required, Monthly, facilitated by Trauma Recovery supervisors
- Trauma Recovery Research – Required, Monthly, facilitated by Dr. Eric Dedert
- Trauma Providers Meeting – Required, Monthly, facilitated by Dr. Carolina Clancy
- Military Sexual Trauma Call – Optional, Monthly, facilitated by National MST Team
- Women's Mental Health Teleconference – Optional, Monthly, facilitated by Dr. Jennifer Strauss, National Women's Health Program Manager

Primary Care - Mental Health Integration

Track Coordinators:

PC-MHI

Cindy D. Greenlee, PhD

Staff Psychologist

Durham Primary Care Clinic (1F)

Telephone: 919.286.0411 x7564

Email: Cindy.greenlee@va.gov

Behavioral Medicine

Melanie K. Leggett, PhD, CBSM

Staff Psychologist

Behavioral Sleep Medicine Clinic (2D)

Telephone: 919.286.0411 x7025

Email: Melanie.leggett@va.gov

Locations:

PC-MHI: Durham VAMC 1F; Hillandale I CBOC; Raleigh I CBOC

Behavioral Medicine: Durham VAMC Psychology Clinic (2D)

Overview: PC-MHI / Behavioral Medicine Psychology Fellows will receive training in two uniquely related settings: primary care and specialty behavioral medicine clinics at the Durham VAMC and surrounding community based outpatient clinics (CBOCs).

PC-MHI: The Fellows will rotate every 4 months between three diverse primary care settings: the Durham VAMC, Hillandale I clinic, and Raleigh I clinic. The PC-MHI clinic is a co-located, collaborative, interdisciplinary mental health team comprised of Psychology, Psychiatry, Social Work, and Nursing that provides services in primary care clinics located throughout the Raleigh-Durham region. Fellows will spend two days per week co-located within their respective primary care clinics, providing clinical assessment (both scheduled and same-day “warm hand-offs”), treatment, and consultation services to each clinic’s respective patient-aligned care teams (PACT, comprised of a primary care provider, an RN, and an LPN). Typical PC-MHI psychology services include consultation and collaboration with PACT members and other embedded specialty services (e.g., clinical pharmacy, nutrition), assessment of general mental health and behavioral medicine-related issues, delivery of brief, evidence-based treatments including individual and group-based psychotherapy, and care coordination with specialized clinics (e.g., specialty mental health, neurology, etc.). Fellows will have the opportunity to co-facilitate or lead a variety of treatment groups targeting Health and Wellness (i.e., stress management), chronic pain, insomnia, and other unique medical cohorts (e.g., shared medical appointments for diabetes management). PC-MHI fellows will also have the opportunity to collaborate with other trainees and professionals from various disciplines including but not limited to: occupational therapy, psychiatry, and nursing, etc.

Primary Care - Mental Health Integration

Behavioral Medicine: Fellows will spend two days per week in the Behavioral Medicine rotation focusing on sleep and pain medicine. Fellows will receive 1000 hours of training in behavioral medicine (at least 50% in behavioral sleep medicine). Training experiences include clinical sleep evaluations/report writing, CBT for insomnia, Imagery Rehearsal Therapy for nightmares, psychological/behavioral therapies to promote CPAP adherence, treatment of circadian rhythm sleep disorders, treatment of complex cases (e.g., multiple sleep/medical/psychiatric disorders), actigraphy, and adjunctive treatments for narcolepsy. Fellows are expected to develop facility with the International Classification of Sleep Disorders (ICSD-3), including in-depth knowledge of insomnia and circadian rhythm sleep disorders and competence in detecting symptoms of other sleep disorders. Various opportunities to develop expertise in behavioral pain management practice are also provided. Fellows may have an opportunity to deliver CBT for Chronic Pain group interventions in both Primary Care and specialty Health Psychology clinics. Fellows will also function as an interdisciplinary team member in the newly established Durham Interdisciplinary Pain Clinic (DIPC), with core experiences including: clinical service (CBT for Chronic Pain, comprehensive evaluation of patients with chronic pain and comorbid psychological illness), program development, and research (outcome evaluation) opportunities. Fellows will have the opportunity to supervise psychology interns and practicum students (depending on timing of students' rotations) and co-facilitate interdisciplinary team meetings.

Fellows will spend one day per week engaged in research. This may include program evaluation projects within PC-MHI or behavioral medicine clinics. Possible BSM-related research opportunities include investigating sleep quality in a large registry database of Veterans, developing a project with other existing BSM datasets, or evaluating BSM clinic outcomes.

Number of Fellows: Two full-time Fellows are admitted each year

Length of Fellowship: One year

Teaching Methods: PC-MHI / Behavioral Medicine Fellows will be assigned a primary supervisor in the either the PC-MHI clinic (Dr. Jason Bonner, Dr. Cindy Greenlee, or Dr. Ashlee McGrath) or in the Behavioral Medicine clinic (Dr. Melanie Leggett). Selection of the primary supervisor will be done in collaboration with the Fellows to meet their individualized professional development goals for the fellowship year. Within *PC-MHI*, weekly supervision will be split among the three PC-MHI Psychology supervisors, depending on which clinic the Fellow is assigned to at that time. This supervisor will change every 4 months when the Fellow changes primary care clinics. Weekly *Behavioral Medicine* supervision will also be provided throughout the year by the supervisors working in their respective clinics (Dr. Melanie Leggett, Dr. Christi Ulmer, and Dr. Teresa Fecteau). Supervision will include discussion of clinical cases, interdisciplinary consultation, vertical supervision of Fellows' supervision of interns, and other professional development topics. Additionally, Fellows will participate in interdisciplinary team meetings in both clinics. Consultation within and across disciplines is expected and encouraged both formally via team meetings and informally. At the beginning of the training year, Fellows will learn about the various ongoing research activities.

Primary Care - Mental Health Integration

Didactics: PC-MHI / Behavioral Medicine Fellows are provided with comprehensive trainings on Cognitive Behavioral Therapy for Insomnia (CBT-I) and other behavioral sleep medicine topics, as needed, throughout the training year. The Durham VA Psychology Postdoctoral Program supervisors include CBT-I consultants (Drs. Leggett and Ulmer). If indicated by a Fellow's training plan, thorough case supervision on CBT-I or CBT-chronic pain may be arranged.

Throughout the training year, PC-MHI / Behavioral Medicine Fellows participate in two mandatory monthly didactics shared with all postdoctoral psychology fellows at DVAMC and mandatory team meetings specific to Behavioral Sleep Medicine and Primary Care Mental Health Integration:

- Behavioral Sleep Medicine Rounds – Required, Bi-Monthly, facilitated by Dr. Melanie Leggett and Dr. Christi Ulmer, joint meeting with Duke Medical Center
- Primary Care Mental Health Integration Providers Meeting – Required, Monthly, facilitated by Dr. Cindy Greenlee
- Behavioral Medicine Journal Club Meeting- Required, Monthly, facilitated by Drs. Bonner, Greenlee, and McGrath
- Duke Psychiatry Grand Rounds- Optional, Weekly, facilitated by Duke Medicine
- Clinical Care Series- Optional, Weekly, facilitated by Dr. Stacey Kovac

Psychosocial Rehabilitation

Track Coordinator:

J. Murray McNiel, PhD

Staff Psychologist

Substance Use Disorders (SUD) Clinic, Stop Smoking Clinic

Telephone: 919.286.0411 x7777

Email: jesse.mcniel@va.gov

Locations (all at Hillandale II Clinic):

Psychosocial Rehabilitation & Recovery Center (PRRC)

Mental Health Intensive Case Management (MHICM) Clinic

Substance Use Disorders (SUD) Clinic

Overview: Fellows in the PSR track will be part of a training program focused on the theory and practice of psychosocial rehabilitation and treatment of substance use disorders. The program provides individualized, mentored clinical and research training. The curriculum is designed to educate fellows on the use of comprehensive psychosocial rehabilitation approaches, evidence-based treatment for SUDs, and implementing change in mental health care settings. Fellows will work with Veterans with SMI (e.g., schizophrenia, schizoaffective disorder, bipolar disorder, major depression, PTSD) and SUDs (i.e., alcohol, drugs of abuse, tobacco). The purpose of the PSR fellowship is to develop leaders with vision, with knowledge, and who are committed to the transformation of health care systems to those that emphasize functional capability, rehabilitation, and recovery. Fellows will have primary clinical experiences in the Psychosocial Rehabilitation and Recovery Center (PRRC), the Mental Health Intensive Case Management program (MHICM—an Assertive Community Treatment model program), and the Substance Use Disorders (SUD) Clinic. Additionally, fellows may have the option to develop an elective experience based on individual interests. Support is provided for each fellow to initiate or participate in a research project. Research mentorship may be provided through faculty in the MIRECC or by one or more of the numerous faculty at the medical center with ongoing research projects. Supervision for licensure as a psychologist is supported. Fellows typically have the opportunity to complete one or more evidence-based training programs. For example, PSR fellows have received training in the following methods: Social Skills Training for Schizophrenia, Motivational Interviewing, and Cognitive Processing Therapy. Additionally, didactics and clinical experiences are offered throughout the training year on a range of evidence-based practices (e.g., cognitive behavioral therapy for SUD, Seeking Safety, Wellness Recovery Action Planning, Illness Management and Recovery, tobacco cessation). Fellows receive significant training in both group and individual service delivery.

Number of Fellows: One or two full-time psychology fellows are admitted each year

Length of Fellowship: One year

Psychosocial Rehabilitation

Structure of fellowship: Fellows in the PSR track are in effect part of two fellowship programs. They are part of the APA-accredited postdoctoral fellowship program that this brochure describes. Additionally, they are part of the Interprofessional Fellowship Program in Psychosocial Rehabilitation and Recovery Oriented Services, with co-directors J. Murray McNiel, PhD and Julie McCormick, LCSW. The next section describes how this strengthens the educational experience.

Teaching Methods: The PSR Fellows will be assigned two primary supervisors: one in the clinics providing services for individuals with SMI (PRRC, MHICM) and one in the SUD Clinic. All three core rotations are expected to be longitudinal, lasting the full year. Teaching will include discussion of clinical cases, multidisciplinary consultation, vertical supervision of trainees at lower levels (e.g., interns or practicum students), and other professional development topics. A particular emphasis of the fellowship is its multidisciplinary structure. In addition to psychology, the PSR fellowship includes fellows from a number of different disciplines (e.g., occupational therapy, psychiatry, social work, vocational rehabilitation, and chaplaincy). Thus, a collaborative educational experience amongst the PSR fellowship class is present. Additionally, each core clinic is served by an interdisciplinary team, and considerable engagement with these teams is integral to the training experience. Overall, this structure allows the psychology fellow to both learn from other disciplines and demonstrate the role of one's own discipline, preparing the psychology fellow for independent professional functioning.

Didactics: PSR fellows are provided with trainings on both rehabilitation and recovery from both SMI and SUD. These include a twice-monthly local fellowship seminar series on such topics delivered by experts both outside and from within VA, as well as a monthly national series by the PSR hub site. Additionally, note that fellowship staff includes trainers and/or consultants on rollouts of several VA evidence-based psychotherapies (e.g., Social Skills Training, Motivational Interviewing, CBT-SUD).

The didactic experiences at the Durham VAMC are designed to support the clinical and research responsibilities of trainees. Fellows attend a minimum of 4 hours of didactic trainings per week. Fellows have several required didactics as well as a myriad of additional optional training opportunities. Listed below are didactics required for all Fellows. Didactic and training experiences specific to each track are described above in their track-specific description and are summarized in a table below.

Required Didactics and Trainings for all Fellows

Ethics and Professional Development Series: All Fellows participate in an Ethics and Professional Development seminar led by Drs. Murray McNiel and Ashlee McGrath. This seminar is designed to address the various needs of Durham VAMC Psychology Postdoctoral Fellows in the areas of Ethics and Professional Development. Past topics include: Reporting of abuse/neglect, ethical chart documentation, travel pay or disability claim conflicts, unethical behavior of/difficulties with colleagues, professional development, modifying vita from intern-level to postdoctoral-level, job search related topics, writing cover letters, the psychology licensure process, preparing for the EPPP and state exams, interviewing tips, and work/life balance. In the second half of the year, Fellows present on a relevant ethics topic of their choosing, using case examples, and lead discussion on resolution of ethical dilemmas therein.

Clinical Supervision Seminar: All Fellows participate in the Supervision Seminar led by Drs. Kelly Caron and Rachel Ruffin. This seminar is designed to address the various needs of Durham VAMC Psychology Postdoctoral Fellows in the area of Clinical Supervision. All Psychology Postdoctoral Fellows are expected to supervise during the course of their postdoctoral year; this seminar will serve as a place for expanded learning, processing and consultation. The text Clinical Supervision: A Competency Based Approach, by Carol Falender and Edward Shafranske (APA 2004), in conjunction with numerous peer-reviewed articles, are used to facilitate learning and discussion. Fellows review readings, as well as present clinical supervision cases and challenges. Each month, a fellow takes the lead as the presenter of readings and clinically-relevant case examples.

Diversity Lunch and Learns: This didactic is facilitated by various staff psychologists and psychology Fellows, meeting quarterly. Diversity Lunch and Learn Seminars are intended to provide protected time for in-depth discussions on a topic related to cultural diversity. Readings are typically assigned in advance, and then are integrated with case discussions. Each Fellow co-leads with staff during one of the Lunch and Learns.

Topic	Frequency	Led by	Intended for
Ethics and Professional Development Series	Monthly	Murray McNiel & Ashlee McGrath	All Fellows
Clinical Supervision Seminar	Monthly	Kelly Caron & Rachel Ruffin	All Fellows
Diversity Lunch and Learn	Quarterly	Various Staff	All Fellows
PTSD Journal Club	Monthly	Carolina Clancy, Sara Boeding & Lotus Meshreki	Trauma Recovery Fellows
PTSD Research Seminar	Monthly	Eric Dedert	Trauma Recovery Fellows
Trauma Providers Meeting	Monthly	Carolina Clancy	Trauma Recovery Fellows
OEF/OIF/OND Group Consultation	Weekly	Sara Boeding & Seamus Bhatt-Mackin, MD	Trauma Recovery – PTSD Clinic Fellows
PTSD Clinical Team Meeting	Weekly	Michael Hertzberg, MD, Kate Berlin, Rachel Ruffin & Carolina Clancy	Trauma Recovery - PTSD Clinic Fellows
OEF/OIF/OND Team Meeting	Weekly	Bruce Capehart, MD; staff rotate	Trauma Recovery – PTSD Clinic Fellows
Women’s Health Clinical Team Case Conference	Weekly	Nivedita Chaudhry, MD; staff rotate	Trauma Recovery – Women’s Health Fellows
DBT Peer Consultation Team	Weekly	Kelly Caron & Sara Boeding	Fellows training in DBT
Duke/VA Sleep Team Meeting	Twice Monthly	Various Staff	PC-MHI Fellows
Psychosocial Rehabilitation Seminar Series	Twice Monthly	Julie McCormick, LCSW	PSR Fellows
PSR Cross Site Didactic Series	Monthly	Richard Goldberg	PSR Fellows
Psychosocial Rehabilitation and Recovery Providers Team Case Consultation Meetings	4 hours weekly	Various Staff	PSR Fellows
Interprofessional Peer Consultation for PSR	Weekly	Murray McNiel & Julie McCormick, LCSW	PSR Fellows

Didactics

<i>Assessment and EBP Case Conference</i>	Weekly	Stacey Kovac	Leading one session is mandatory for all Fellows; otherwise attendance is
<i>Advanced Mental Health Fellowship Didactic Series</i>	Twice Monthly	MIRECC Staff	Optional for all Fellows
<i>Grant Writing Skills</i>	Monthly	MIRECC Staff	Optional for all Fellows
<i>Psychology Internship Seminar Series</i>	Weekly	Various Staff	Optional for all Fellows
<i>Scientific Writing and Review</i>	Monthly	MIRECC Staff	Optional for all Fellows
<i>Biostatistics</i>	Monthly	MIRECC Staff	Optional for all Fellows
<i>Duke Univ. Med Center Psychiatry Grand Rounds</i>	Weekly	Invited guest speakers	Optional for all Fellows
<i>Cognitive Processing Therapy Training</i>	TBD	Carolina Clancy	Optional for all Fellows

Applying for Fellowship

Qualifications for Fellowship: Applicants must be U.S. citizens, must have completed requirements for their doctorate in clinical or counseling psychology from an APA- accredited program by the start date of the Fellowship, and must have completed an APA-accredited clinical internship (or a newly-created VA internship which is pursuing accreditation). Although not a requirement, prior experience (e.g., as a VA practicum student or intern) within Department of Veterans Affairs (VHA) programs is generally advantageous – and increases the goodness of fit with our training programs. Please see the following webpage for further detail about VA eligibility criteria: <http://www.psychologytraining.va.gov/eligibility.asp>

Delayed Start of Fellowship: It is the policy of the Durham VAMC Postdoctoral Fellowship that selected applicants must have successfully defended their dissertation (and must have completed all other doctoral degree requirements), prior to beginning their fellowship. In the event of unanticipated delays in completion of graduate program requirements (e.g., dissertation defense), a selected candidate may request an extension of thirty (30) days. In the event of further delays, a second request might be considered, but a maximum of two extensions (i.e., a total of 60 days from the regular start date of the Fellowship) may be granted. If an extension is granted by the Training Committee, the Fellow's start date would be delayed; and, the Fellow would be required to extend his or her Fellowship period – possibly without compensation during the final week(s), in order to achieve the required number of supervised hours to complete the Fellowship. Selectees who are denied an extension or who are unable to begin the fellowship within 60 days of their original start date will be deselected from the program. In this unusual circumstance, additional efforts to advertise and fill the open Fellowship position might occur.

Positions Available: The 2016-2017 class will be comprised of 6-7 Fellows (total)

- **Trauma Recovery Track** – 3 total positions
 - PTSD Clinic: 2 positions
 - Women's Health Clinic: 1 position
- **Primary Care Mental Health Integration (PC-MHI) Track:** 2 positions
- **Psychosocial Rehabilitation (PSR) Track:** 1-2 positions

Stipend: \$43,527 plus benefits

Benefits: Health Insurance, 13 days paid vacation and up to 13 days of sick leave. Authorized absence will be granted for educational opportunities (outside workshops, conferences, conventions) or other professional development activities.

Liability Protection for Trainees: When providing professional services at a VA healthcare facility, VA sponsored trainees acting within the scope of their educational programs are protected from personal liability under the Federal Employees Liability Reform and Tort Compensation Act 28, U.S.C.2679 (b)-(d).

Applying for Fellowship

Fellowship Start Date: August 22nd, 2016 (actual start date will depend upon the selected Postdoctoral Fellow's availability and completion of graduate program and internship requirements).

Application: To apply, the following are required:

1. **Letter(s) of interest** that indicate (a) how you envision this training would further your professional development, (b) your theoretical orientation, (c) your prior training or exposure to the area(s) of emphasis to which you are applying, and (d) your professional and research interests.

NOTE: *A separate letter of interest should be submitted for each emphasis area (Track) to which you are applying.*

2. **Current Curriculum Vita**
3. **Graduate transcript(s)**
4. **Letter from your internship director**, affirming your successful progress in your internship and anticipated completion date of internship.
5. **Letter of reference from your dissertation or program chair** that includes a description of your progress toward completion of the doctoral degree and anticipated date.
6. **Two letters of reference from supervisors** familiar with your work in the special emphasis area(s) for which you are applying, or another supervisor familiar with your clinical work.

Federal form: Application for Associated Health Occupations (10-2850C), which will be provided by the Director of Training. (An earlier version of the form may be used.) This form will only be requested by Director of Training, to be completed by selected candidates.

Application Deadline: The application deadline is January 4, 2016; however, early submissions are strongly encouraged.

Application materials should be submitted via the following email address:

DurhamVAMCPsychology@va.gov

Selection Process / Interviews: Following receipt and review of the application materials, a select number of applicants will be invited to interview in person (or by videoconference, telephone), in late January and early February. We will adhere to APPIC Postdoctoral Selection Guidelines for making Fellowship offers. We intend to make initial Fellowship offers by telephone on the common notification date of Monday, March 7, 2016. Consistent with the APPIC guidelines, we will also consider making reciprocal offers to top candidates who have received verifiable postdoctoral offers from other programs, prior to the APPIC/common notification date.

Applying for Fellowship

Contacting the Durham VAMC Psychology Fellowship Program

Contact information for each of the **Fellowship Track** (i.e., emphasis area) **Coordinators** can be found in the sections, above; and, *candidates are encouraged to discuss questions about the track-specific training opportunities offered with the respective Fellowship Track Coordinators.*

Questions regarding the Durham VAMC Postdoctoral Fellowship program should be directed to the Director of Training:

R. Keith Shaw, Ph.D.
Director of Psychology Training
Senior Psychologist
Durham VAMC
Associate Director – Clinical Core / Mid-Atlantic (VISN6) MIRECC
919.286.0411, x2161
Keith.Shaw@va.gov

Fellowship Training Staff

Kate Berlin, PhD, ABPP, Vanderbilt University, 2008

VA Duties: Staff Psychologist, PTSD Clinic, Substance Abuse Outpatient Clinic.

Special Interests: Women's health, military sexual trauma, complex PTSD, PTSD/substance abuse comorbidity.

Sara Boeding, PhD, University of North Carolina at Chapel Hill, 2013.

VA Duties: Staff Psychologist, OEF/OIF Clinic.

Special Interests: Evidence Based Psychotherapies for PTSD, Couples Therapy, complex PTSD, DBT.

Jason E. Bonner, PhD, University of Louisville, 2010

VA Duties: Staff Psychologist, Primary Care – Mental Health Integration (PC-MHI).

Special Interests: Health Psychology / Behavioral Medicine with specific interests in type 2 diabetes regimen adherence, chronic hepatitis C treatment, social-cognitive factors in lifestyle behavior modification, management of co-occurring medical and psychological disorders, and integrated models of healthcare delivery.

Kelly Caron, PhD, Florida State University, 2011

VA Duties: Staff Psychologist, Women's Health Clinic and Male Military Sexual Trauma Program; Consultant, Prolonged Exposure.

Special Interests: Evidence-Based Psychotherapies for PTSD and complex trauma presentations, Dialectical Behavior Therapy, Military Sexual Trauma.

Carolina P. Clancy, PhD, ABPP, University of North Carolina at Greensboro, 2003

VA Duties: Staff Psychologist, Posttraumatic Stress Disorder (PTSD) Program, Local Evidence Based Psychotherapy Coordinator, VISN 6 Regional CPT Trainer and Consultant.

Faculty Appointment: Research Associate in Psychiatry and Behavioral Sciences (Medical Psychology), Duke University Medical Center .

Special Interests: Assessment and treatment PTSD, and evidence based psychotherapies for PTSD.

Cindy D. Greenlee, PhD, Duke University, 2009

VA Duties: Staff Psychologist and local Primary Care-Mental Health Integration (PC-MHI) Coordinator.

Special Interests: PC-MHI, Behavioral Medicine, Health Psychology.

Jay Gregg, Ph.D., West Virginia University, 2014

VA Duties: Staff Psychologist, Posttraumatic Stress Disorder (PTSD) Clinic and OEF-OIF-OND Clinic.

Special Interests: Assessment and treatment of posttraumatic stress, depression, hopelessness, and suicidality across the life-span; Clinical geropsychology; Contextual behavioral science.

Fellowship Training Staff

Teresa E. Fecteau, PhD, University of Maine, 2007

VA Duties: Health Psychologist; Member DVAMC interdisciplinary pain management committee and Wellness/WIN committee.

Faculty Appointment: Assistant Professor, Department of Psychiatry and Behavioral Sciences, Division of Behavioral Medicine, Duke University Medical Center, Durham, NC.

Special Interests: Health behavior promotion, Obesity treatment and prevention, Behavioral cardiology, Exercise and stress reactivity, Behavioral interventions for improved medical compliance.

Rachel Hibberd, PhD, University of Missouri-St. Louis, 2013

VA Duties: Staff Psychologist, PTSD Clinic, SUD Clinic, and DBT Program.

Special Interests: Contextual behavioral therapies (ACT and DBT), PTSD, treatment of complex trauma sequelae, moral injury.

Dina G. Kinner, Ph.D., Temple University, 2014.

VA Duties: Staff Psychologist, Women's Health Clinic and Access Center.

Special Interests: Anxiety and trauma-related disorders, military sexual trauma, complex PTSD, social anxiety, evidence based treatment, CBT, DBT.

Melanie K. Leggett, PhD, C.B.S.M., University of Memphis, 2001

VA Duties: Staff Psychologist, Consultant on the VA roll-out of CBT for Insomnia.

Faculty Appointment: Associate Professor, Department of Psychiatry and Behavioral Sciences, Duke University Medical Center, Durham, NC.

Special Interests: Behavioral sleep medicine, adherence to treatment for sleep apnea, psychiatric factors and treatment adherence in sleep apnea.

Ashlee C. McGrath, PhD, University of South Florida, 2010

VA Duties: Staff Psychologist, Primary Care Mental Health Integration.

Special Interests: Engagement and access to mental health services among veterans in primary care settings. Assessment and interdisciplinary treatment of posttraumatic psychopathology and co-occurring substance use disorders.

J. Murray McNiel, PhD, University of North Carolina at Chapel Hill, 2007.

VA Duties: Staff Psychologist, SUD Clinic; Smoking Cessation Lead Clinician; Co-Director, PSR Fellowship; Consultant, CBT-SUD training program within VA initiative for EBP dissemination.

Special Interests: Evidence-based treatment of SUD; tobacco cessation treatment; treatment of SUD and co-occurring disorders.

Fellowship Training Staff

Lotus Meshreki, PhD, University of Rhode Island, 2007

VA Duties: Staff Psychologist, OIF/OEF/OND and MH Clinics.

Special Interests: Evidence Based Treatments for PTSD, Acceptance and Commitment Therapy, and Behavioral Medicine/Chronic Pain.

Rachel Ruffin, PhD, University of Miami, 2011

VA Duties: Staff Psychologist, PTSD Clinic.

Special Interests: Evidence Based Treatments for PTSD, comorbid PTSD and chronic illness, Behavioral Medicine/Chronic Pain.

Christi S. Ulmer, PhD, C.B.S.M., University of Louisville, 2006

VA Duties: Staff Psychologist, Behavioral Sleep Medicine Clinic.

Special Interests: Increasing veteran access to Behavioral Sleep Medicine, research on the adverse health consequences of sleep disorders, and sleep disturbance among those with PTSD.

R. Keith Shaw, Ph.D., University of Missouri-St. Louis, 1984

VA Duties: **Director of Psychology Training**; Senior Psychologist; Associate Director (Clinical Core), Mid-Atlantic MIRECC.

Special Interests: Community psychology; ethical issues and obstacles to mental health care for post-deployment veterans (OEF-OIF-OND), psychology training.

The Setting

The VA Medical Center is located in Durham, North Carolina, adjacent to the Duke University Medical Center and the Duke University campus. Durham is situated in north central North Carolina, midway between the Atlantic Coast and the Blue Ridge Mountains. From this location, both beach and mountain resort areas are within easy driving distance, offering opportunities for skiing weekends in the winter and day trips to the beach during warmer seasons.



As part of North Carolina's famed "Research Triangle," Durham is a community that offers a wide variety of recreational and cultural diversions. Art festivals, theaters, clubs, dance festivals, and concerts are all locally available. Excellent restaurants, museums, markets, and botanical gardens are also located in the Triangle area.

For sports enthusiasts, the Durham area offers wonderful golf courses, Durham Bulls minor league baseball, amateur sports leagues, and a multitude of athletic clubs. The area claims some of the finest collegiate athletics in the country: Duke, North Carolina State in Raleigh, and the University of North Carolina in Chapel Hill are often national leaders in basketball and a number of other collegiate sports.



Durham, Raleigh, and Chapel Hill have unique personalities and resources, all within easy access of the Medical Center. From the college town atmosphere of Chapel Hill, the friendly neighborhoods in Durham, and the metropolitan feel of Raleigh, a wide variety of affordable housing options are readily available. Trainees have chosen homes in cozy older neighborhoods as well as in modern complexes and developments.

The Raleigh-Durham Airport allows for easy access to and from other major metropolitan areas. Travel to and from the Durham area is facilitated by a number of major highways. In addition, other modes of transportation, including major bus and train lines, are available.